



February 2017

Dear Preschool families,

Thank you for your interest in our school. This registration packet contains forms that you need to complete and policies that you need to know. To complete the registration process, please complete and return all of the colored forms in this packet along with a copy of your child's immunization record. Once you have turned in your registration form and paid the \$100 registration fee, your child will be confirmed in a class. Around mid-August, you will receive a postcard from your child's teacher to remind you of the first day of school. The following forms need to be completed and submitted by orientation day:

All About Me (green)
Health Information Card (bright pink)
Pick up Authorization (light blue)
Parental Consent form (blue)
Video Release form (purple)
Liability Form (orange)

Orientation Day for children and families will be Wednesday, August 16 and Thursday, August 17. The rooms will be open from 9:00am-12:00pm. You may stop in during this time to meet your child's teacher, drop off supplies, and ask any questions you may have. The first full morning of school will be on Monday, Aug. 21. The Lunch Bunch hour will be available beginning on Monday, August 28.

Please feel free to contact us here at the preschool if you have any further questions!

Serving Him,
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**Sherwood Oaks Christian Church
Weekday Preschool/Kindergarten
Policy Statement to Parents**

Mission Statement

The Sherwood Oaks Christian Church Weekday Preschool is an outreach program designed to foster the spiritual, academic and social growth and development of your child.

I. GENERAL

A. The Weekday Preschool is conducted under the guidance of the eldership of Sherwood Oaks Christian Church. Direct oversight is provided by an elder, an attorney (member of Sherwood Oaks Christian Church) and the children's minister.

B. Preschool is not an appropriate location to resolve parental conflict arising between separated or divorced parents. Only the parent delivering the child to preschool will be permitted to pick up the child unless prior written arrangements have been made with the Weekday Preschool director. Preschool is not intended to be the site of parent-child visitation for the non-custodial parent.

C. A data card for each child will be completed by each parent to include a point of contact in the event of an emergency or illness during preschool. A medical history of childhood diseases, medications, allergies and similar information will be required.

II. CLASS CONDUCT

A. Classes will begin and end promptly. As a courtesy to the teachers, please arrange for delivery and pick-up of your child in a prompt manner.

B. As a courtesy to the other children in the class, a child with a childhood disease or other communicable illness should be held out of class. If your child becomes ill, please inform the director of the preschool so that we may watch for signs of illness in the other children.

C. The Weekday Preschool is designed to assist children in knowledge, skills, and behavior. Discipline is intended to encourage the child's growth, not punish. Discipline will be maintained through gentle admonishment.

III. STUDENT CONDUCT

Children mature at different rates and exhibit different levels of social skills and disciplined behavior. The Weekday Preschool staff will make all reasonable efforts to work within each child's level of maturity. If a child's behavior is unreasonably disruptive to the class, the parent or guardian may be notified and requested to discuss with the Weekday Preschool director the appropriate steps to ensure that the child is able to participate in the entire preschool program. If disruptive behavior continues, the parent or guardian may be requested to attend class with the child and assist in modifying the behavior. In extreme cases of disruptive behavior, the parent or guardian will be asked to withdraw the child from the Weekday Preschool program.

IV. FEE/TUITUION AND PAYMENT SCHEDULE

A. Payment is due the first day of each month.

1-day classes \$80/month

2-day classes \$160/month

3-day classes \$240/month

4-day classes \$320/month

B. A late fee of \$5.00 charged per week will be charged if tuition is not paid by the first week of each month.

C. There will be no reduction in fees due to extended vacation or illnesses.

D. Lunch Bunch: \$5.00 per day (Monday through Thursday only) PAID IN ADVANCE. Lunch Bunch participants bring their own packed lunch. Lunch Bunch is an opportunity for students to enjoy unstructured play and share fun-filled experiences with other students. In an effort to maintain a positive atmosphere, behavior of students during Lunch Bunch is consistent with the student conduct policy outlined in this guideline.

V. SCHOOL CALENDAR

A. The Weekday Preschool/Kindergarten calendar follows the MCCSC calendar in regard to most school closings, seasonal breaks and holidays. If there is a 2-hour delay for MCCSC schools, the Weekday Preschool will begin classes at 10:30 a.m. regardless of the day of the week. Please listen to local radio stations Spirit 95.1 or WBWB 97.6 for weather closings. The Weekday Preschool is not bound to extend the preschool year due inclement weather closings.

August 16	Orientation Day 9-12:00
August 17	Orientation Day 9-12:00
August 21	First day of school
August 28	Lunch Bunch begins (M-TH)
September 4	No School Labor Day
October 9-10	No School Fall Break
November 20-24	No School Thanksgiving Break
December 25-Jan 7	No School Christmas Break
January 8	Classes Resume
January 15	No School Martin Luther King, Jr Day
March 12-16	No School Spring Break
May 18	Last Day of School

MONEY MATTERS
SOCC Weekday Preschool 2017-2018
Infant and Toddler Classes

A **registration fee** of \$100.00 is due at registration and serves to confirm your child's placement in a class. This fee helps to defray the cost of supplies such as wipes, cleaning materials, new toys, etc.

Tuition is due the first week of each month. You will not receive a bill so your timely payment is kindly appreciated. There is a **\$5.00 late fee per week** if paid after the first week of the month. **Payment is collected at your child's sign in desk.**

The monthly fee schedule is as follows starting with the month of August through the month of April. **There will be no tuition payment for the month of May.**

1-day \$80 per month or \$720 per year
2-day \$160 per month or \$1440 per year
3-day \$240 per month or \$2160 per year
4-day \$320 per month or \$2880 per year

Although the number of days in session varies from month to month, the tuition does not vary. Also, snow days that result in unscheduled school closings do not affect tuition. We make every effort to keep your costs reasonable. You will find that our tuition is less than that of many other preschools. We feel that the quality of our program and teachers is top notch and salaries must be paid in spite of closings for bad weather.

An optional after school program for the preschool classes called **Lunch Bunch** is offered M-TH from 11:55-12:55 and costs \$5 per day. This amount can be paid daily or at the beginning of each week. Children bring a sack lunch from home.



Sign Me Up!

Weekday Preschool

6 weeks - 23 months Registration Form

Child's Info:

First Name _____

Last Name _____

Date of Birth _____ Age _____

Gender _____

Parent/Guardian Information:

Name: _____

Address: _____

City, Zip Code: _____

Primary Phone: _____

Email: _____

Please fill out the reverse side of this card with your Weekday Preschool & Kindergarten preference.

Session Options

My child is:

- ☐ Rolling
- ☐ Sitting independently
- ☐ Crawling
- ☐ Pulling to stand
- ☐ Walking

My child will attend:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Monday Lunch Bunch |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Tuesday Lunch Bunch |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday Lunch Bunch |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Thursday Lunch Bunch |

Note:

A non-refundable fee of \$100 must accompany this form. Checks payable to Sherwood Oaks Christian Preschool.

Health Information Sheet

Please list any known illnesses or allergies: _____

Family Doctor: _____

PHONE: _____

Other Information: _____

Please list two people we can contact in case of emergency:

3. Name: _____ Phone: _____

4. Name: _____ Phone : _____

IN CASE OF EMERGENCY, AND YOU CANNOT BE LOCATED, WE WILL CONTACT ONE OF THE ABOVE NAMES. IF THEY CANNOT BE REACHED, WE WILL CONTACT YOUR FAMILY DOCTOR TO SECURE MEDICAL ATTENTION. I HEREBY, GIVE MY PERMISSION FOR YOU TO SEEK MEDICAL ATTENTION WHEN NEEDED.

Parents Signature: _____

Date: _____

(Please turn card over)

STUDENT NAME: _____

Parent(s): _____

Home Phone: _____ Work: _____

Cell Phone: _____

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD:

1. _____

2. _____

3. _____

ALLERGIES : YES OR NO

IF YES, PLEASE LIST:

PARENTAL CONSENT FORM

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parents: (Work or Cell)

Mom: _____ Dad: _____

To Whom It May Concern:

The undersigned does hereby give permission to our child, _____, to attend and participate in activities sponsored by Sherwood Oaks Christian Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a physician or dentist licensed under the provisions for the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Sherwood Oaks Christian Church.

Hospital Insurance: Yes_____ No_____

Insurance Company:_____

Policy Number:_____

Participant:_____

Father:_____

Mother:_____

Legal Guardian:_____

Emergency Phone Number:_____

In the space below, please list any allergies or special medical problems your child may have:_____

I have read, understood, and consent to all parts of the Parental Consent Form:

Name of Participant:_____

Parent/Guardian:_____

Date:_____



growing & sharing together
WEEKDAY PRESCHOOL & KINDERGARTEN

All About Me

Child's Full Name: _____

Date of Birth: _____ Nickname: _____

Parent/Guardian Name: _____

Language spoken at home: _____

HEALTH AND DEVELOPMENT

If applicable, age child began rolling: _____ sitting: _____ crawling: _____

walking: _____ talking: _____

Has or does your child have any known health problems? () yes () no

If yes, please explain: _____

Does your child need regular medication? () yes () no

If yes, what and when is it given? _____

Does your child have any known allergies? () yes () no

If yes, please list allergens: _____

Special medical instructions: _____

SLEEPING HABITS

What time does your child usually wake up in the morning? _____

Does your child have trouble going to sleep or staying asleep?

If yes, please explain: _____

If an infant, how does your child sleep? () stomach () side () back

What time(s) and for how long does your child usually nap? _____

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

TOILETING/DIAPERING HABITS

Does your child use disposable or cloth diapers? _____

Do you use: ☐ cream ☐ powder ☐ wipes

Does your child have a problem with: ☐ constipation ☐ diarrhea

Any other toileting information about your child: _____

EATING HABITS

What are your child's eating habits? (What time do they typically eat, do they like a certain snack, etc.) _____

If an infant, does your child take formula or breastmilk? _____

How much and how often does your infant eat? _____

Child's usual dining habits: (circle all that apply)

high chair, booster seat, feeds self, uses utensils, bottle, sippy cup, regular cup

Does your child eat independently? _____ Does he/she enjoy eating? _____

Does your child have a special diet? ☐ yes ☐ no

If yes, please explain: _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child? ☐ yes ☐ no

Please list these foods: _____

Favorite foods: _____

Strong dislikes: _____

SOCIAL & BEHAVIORAL HABITS

Has your child had experience around other children? ☐ yes ☐ no

Is your child frightened by anything? _____

How do you comfort your child? _____

Does your child have a "fussy" time? _____

Favorite toys or activities: _____

Any other information about your child that you think we should know?

**Sherwood Oaks Weekday Preschool/Kindergarten
Pick Up Authorization**

Please list below the people authorized to pick up your child from Weekday
Preschool.

Your child's name: _____

Name	Relationship to child	Contact #
1.		
2.		
3.		
4.		
5.		

Parent's signature: _____ Date: _____

Sherwood Oaks Christian Church Video Release Form

I consent to the use of my child's name, voice, image, likeness, and any and all attributes of his/her personality, in, on or in connection with any film, audio tape, video tape, audio-visual work, photograph, illustration, animation, or broadcast, in any media or embodiment, now known or unknown, including, without limitation, all formats of computer readable media, produced by or for the benefit of Sherwood Oaks Christian Church (SOCC). I further consent to the use of my child's name, voice, image, likeness, and any and all attributes of his/her personality in any advertising or promotional material created or used in connection with Children's Ministry promotional videos, and each such item of advertising or promotional material will be considered a "Work" for purposes of this agreement.

I irrevocably assign to SOCC (a) any and all claims of copyright I may have in and to Children's Ministry promotional videos, and (b) the exclusive and perpetual right throughout the world to use, print, produce, publish, copy, display, perform, exhibit, transmit, broadcast, disseminate, market, advertise, sell, lease, license, transfer, modify, and create derivative works from Children's Ministry promotional videos in any media or format, now known or unknown, for any purpose whatsoever.

I waive any right to inspect or approve the content of Children's Ministry promotional videos.

I agree that SOCC will have no obligation to utilize the authorizations and rights I grant to SOCC hereunder.

I hereby release, discharge, and agree to hold harmless SOCC, its legal representatives and assigns, all persons acting under its authority, and those for whom it is acting, from all claims, causes of action and liability of any kind, now known or unknown, in law or in equity, based upon or arising out of Children's Ministry promotional videos or this agreement including, without limitation, claims of libel, slander, invasion of privacy, right of publicity, defamation, trademark infringement, and copyright infringement.

I represent and warrant that I am over the age of eighteen (18) years, I am the parent and/or legal guardian of the child named below, and that the authorizations and rights granted hereunder do not conflict with or violate the rights of any third party.

This agreement will be binding upon my heirs, successors, representatives, and assigns.

Sign: _____ Date: _____

PLEASE PRINT BELOW

Name of Parent or Legal Guardian: _____

Name of Child: _____

Address: _____

Telephone: _____

Email: _____

LIABILITY RELEASE FORM

In consideration for participation in activities sponsored by Sherwood Oaks Christian Church, the undersigned, for myself and my child, hereby release and forever discharge Sherwood Oaks Christian Church, from any and all actions, causes of action, claims and demands, known or unknown, which I or my child participating in activities sponsored by Sherwood Oaks Christian Church. I acknowledge that there is no worker's compensation or accident insurance furnished by Sherwood Oaks Christian Church.

This release of liability is binding on the undersigned, the child of the undersigned participating in activities sponsored by Sherwood Oaks Christian Church, all persons claiming through the undersigned or said child, and the heirs, personal representatives and assigns of the undersigned and said child.

I have read, understood, and consent to all parts of the Liability Release Form:

Name of Child Participant: _____ (Printed Name)

Parent/Guardian: _____
(Printed Name) (Signature)

Date: _____